fre aut 1/16/07

MULTIPLE DEPENDENT CLAIM								SERIAL NO.				FILING DATE			
FEE CALCULATION SHEET								10/599 949							
(FOR USE WITH FORM PTO-875)									APPLICANT(S)						
			1 700	NY D		S									
	ASI	AS FILED		AFTER I"AMENDMENT		AFTER 2 MAMERIDMENT			AS FILED		AFTER I AMENDMENT		AFTER 2 MAMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	j .		IND.	DEP.	IND.	DEP.	IND.	DEP.	
$\frac{1}{2}$		0.7			<u> </u>			51							
3		27					1	52 53	 	 		 	 -		
5	-	21]	54							
$\frac{3}{6}$		14					1 1	55 56	<u> </u>						
7		GI.					j i	57	 						
8	 -	1224						58							
10		Si					1 1	59 60	ļ						
11		a.					1 1	61			-				
12		12:						62							
14	\perp_{T}	~						63 64					<u> </u>		
15		K) I						65							
16 17		121						66 67	<u> </u>						
18		37					}	68							
19 20	 	13.11						69							
21	1	37						70 71							
22	$\Box \Box$	2						72							
23	 	44						73							
25							ŀ	74 75							
26 27		12:						76							
28		201					}	77 78							
29	·						t	79							
30 31		·					1	80							
32						 	ŀ	81 82							
33								83							
35							-	84 85							
36							į.	86							
37. 38	 	 - -					. [-	87							
39					 -		-	88 89							
40								.90				·			
41 42			 -				F	91							
43							-	92 93							
<u>44</u> _45							Ė	94							
46							-	95 96							
47								97							
48							F	98							
50							-	99 100							
TOTAL IND.	3	#1		1		T I		TOTAL IND.		1					
TOTAL DEP.	74	4				_	-	TOTAL		<u>.</u>		<u> </u>		_	
TOTAL/	77							DEP.	TE		js	4	le le		
	(REV. 11/04)					EMIAL		8. DEPARTS		MMERCE					
1380	(7. 32/V4)									tost and Tre					